Effective October 1, 2000

Application or Docket Number

214491252X

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		F			OR		
			05					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			6 3 minus 20=		43			X\$ 9=		OR	X\$18=	774
INDEPENDENT CLAIMS			/ 2 minus 3 =		q			X40=		OR	X80=	720
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							<u>L</u>	TOTAL		OR	TOTAL	2334
CLAIMS AS AMENDED - PART II								,			OTHER	THAN
		(Column 1)		(Colu		(Column 3)	a	SMALL	YTITM	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u></u>	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	T CL AINA	=		X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
			•				L	TOTAL		OR	TOTAL	
ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)												
		CLAIMS		HIGH	HEST	(Coldinii 3)	1 6		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▋▐			On	<b></b>	
								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
Δ,												
AMENDMENTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	7
AME	Independent	*	Minus	***		=	<b>∦</b> ∦	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						}			OR		<del> </del>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "U in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		imber Previously P nber Previously Pa					er fou	nd in the apr	propriate bo	x in co	olumn 1.	